

# INSTRUCTION SHEET

## MASSAGE THERAPIST

**Acceptance of Exam  
Endorsement of License  
Restoration of License**

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

**BEFORE COMPLETING THE APPLICATION PACKET**, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. If you are issued a license, please be advised that your license will expire on December 31 of each even-numbered year.

- Step 1** Use the **REFERENCE SHEET** (CHART I) to select the appropriate Profession Name, 3-digit Profession Code, Licensure Method and Fee, and record that information in **Part I** (page one) of the **Application for Licensure and/or Examination**.
- Step 2** Proceed with **Part II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.
- Step 3** The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **Part I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.
- Note:** All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
- Step 4** If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

**Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).**

## NOTICE

All individuals applying for initial licensure as a massage therapist in Illinois **must** submit to a criminal background check and provide evidence of fingerprint processing from the Illinois State Police, or its designated agent. See attached “**Important Notice--Criminal Background Check Requirement**” for more information concerning this requirement.

## EDUCATION

An approved curriculum in massage therapy shall consist of a minimum of 600 clock hours of supervised classroom and supervised hands-on instruction, with “supervised” being defined as a supervisor that is physically on-site, qualified and immediately available.

The minimum required subject matter and activities are:

1. Human anatomy, physiology, pathology and kinesiology.
2. Massage therapy theory, technique and practice, which may include but is not limited to: effleurage/gliding; petrissage/kneading; compression; friction tapotement/percussion; vibration; direct pressure; superficial warming techniques; pumping; stretching; jostling; shaking; rocking.
3. Contraindications, benefits, universal precautions, body mechanics, history, client data collection, documentation, ethics, business and legalities of massage, professional standards including draping and modesty, therapeutic relationships and communications.

Each student must maintain a minimum grade of 70% for all massage therapy related course and clinical work.

## LICENSURE BY ACCEPTANCE OF EXAM

*All applicants must be at least 18 years of age and of good moral character.*

1. Submit an official transcript or Supporting Document ED-MT from an approved massage therapy school showing graduation from a massage therapy program with at least 600 clock hours of instruction. Schools located outside of Illinois must be recognized and authorized to operate in the state where the school is located.

*Note: If the sufficiency or accuracy of the course work is question by the Division due to lack of information, discrepancies or conflicts, the applicant may be required to provide additional information and/or appear before the Massage Licensing Board before a decision is made regarding the license.*

2. Instruct the Federation of State Massage Therapy Boards (FSMTB) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) to forward an official report of your examination record directly to the Division.
3. Provide evidence of fingerprint processing from the Illinois State Police, or its designated agent as explained in the attached “**Important Notice—Criminal Background Check Requirement**”.
4. If you have ever been licensed as a massage therapist in another state, a Certification by Licensing Agency/ Board (CT) must be submitted to the Division by the state agency or state board in your original jurisdiction of licensure and by the state agency or state board in your current jurisdiction of licensure. State agencies or state boards may submit their own official certification in lieu of submitting the CT.
5. See the attached Reference Sheet for the fee amount. **Fee is non-refundable.** Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. Mail the four-page application, fee payment and supporting documentation to:

Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

## LICENSURE BY ENDORSEMENT

*All applicants must be at least 18 years of age and of good moral character.*

**Note:** Applicants applying on the basis of endorsement must hold an active massage therapist license in another state having satisfied licensure requirements that meet or exceed Illinois requirements.

1. Submit an official transcript or Supporting Document ED-MT from an approved massage therapy school showing graduation from a massage therapy program with at least 600 clock hours of instruction. Schools located outside of Illinois must be recognized and authorized to operate in the state where the school is located.

*Note: If the sufficiency or accuracy of the course work is question by the Division due to lack of information, discrepancies or conflicts, the applicant may be required to provide additional information and/or appear before the Massage Licensing Board before a decision is made regarding the license.*

2. Instruct the Federation of State Massage Therapy Boards (FSMTB) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) to forward an official report of your examination record directly to the Division.
3. Provide evidence of fingerprint processing from the Illinois State Police, or its designated agent as explained in the attached **“Important Notice—Criminal Background Check Requirement”**.
4. A Certification by Licensing Agency/Board (CT) must be submitted to the Division by the state agency or state board in your original state of licensure. State agencies or state boards may submit their own official certification in lieu of submitting the CT.
5. A Certification by Licensing Agency/Board (CT) must be submitted to the Division by the state agency or state board in your current state of licensure. State agencies or state boards may submit their own official certification in lieu of submitting the CT.
6. See the attached Reference Sheet for the fee amount. **Fee is non-refundable.** Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
7. Mail the four-page application, fee payment and supporting documentation to:

Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

## RESTORATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

### **~IMPORTANT NOTICE~**

These Restoration Instructions apply only to those massage therapists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

**If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.**

**NOTE:** Based upon the Massage Licensing Board's evaluation of your application, you may be required to submit additional documentation and/or appear for oral interview before the Board to determine current competency to practice as a massage therapist. Additionally, you may be required to complete a period of evaluated clinical experience, or successfully complete an examination.

1. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.
2. All applicants for restoration of a massage therapist license in Illinois must submit proof of having completed 24 hours of continuing education, including at least 2 hours on ethics, during the 2 years prior to restoration. This must be verified by the submission of certificates of attendance provided by continuing education sponsors approved by the Department of Financial and Professional Regulation, Division of Professional Regulation.
3. You are also required to submit one of the following:
  - a. Certification of current licensure from another state or territory, completed by the appropriate state board. Enclosed find Supporting Document **CT** for this purpose. The licensing agency/board must return Supporting Document **CT** directly to you for inclusion with your application;

***and***

Verification of active practice in that jurisdiction. Supporting Document **VE-MT** must be completed by the person who supervised you, or if self-employed by a peer or colleague who is familiar with your work;

***or***

- b. An affidavit attesting to military service (form DD214).
4. Fee Payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

## LICENSURE METHODS AND DEFINITIONS

*Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.*

<u>Licensure Methods</u>	<u>Definition</u>
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

## REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

### CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Licensed Massage Therapist	227	Acceptance of Exam	\$175.00
Licensed Massage Therapist	227	Endorsement	\$175.00
Licensed Massage Therapist	227	Restoration	See Supporting Document RS

### CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS  
ENTER N/A IN PART VII a) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

### CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS  
ENTER N/A IN PART VII b) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

### CHART IV - SCHOOL CODES

NOT APPLICABLE FOR LICENSED MASSAGE THERAPISTS  
ENTER N/A IN PART VII c) OF  
APPLICATION FOR LICENSURE AND/OR EXAMINATION

### \* \* \* \* \* REQUEST FOR ASSISTANCE \* \* \* \* \*

If assistance is needed, direct your request to one the following telephone numbers:

**1-800-560-6420**

Telecommunicative Device for the Deaf (TDD) - **1-866-325-4949**

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Massage Therapists

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW		COMPLETED
Part I.	Application Category Information	
Part II.	Applicant Identifying Information	
Part III.	Education Information	
Part IV.	Record of Licensure Information	
Part V.	Record of Examination	
Part VI.	Personal History Information	
Part VII.	Examination Coding Information (if applicable)	
Part VIII.	Child Support and/or Student Loan Information	
Part IX.	Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS		SUBMITTED
	Application Fee	
	Official transcript or Supporting Document ED-MT from an approved massage therapy school with school seal and signature	
	Official exam scores from FSMTB or NCBTMB (requested from entity)	
	Criminal background check requested	
	Proof of fingerprint submission	
	CT Form ( <b>original</b> and <b>current</b> jurisdiction) if applicable	
	Proof of name change (if applicable)	
	RS Form ( <b>Note</b> : if restoring)	
	Proof of 24 hours of Approved Continuing Education ( <b>Note</b> : if restoring)	
	Copy of DD214 if restoring from active military service	

**All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.**

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for double-sided printing.**



# APPLICATION FOR LICENSURE AND/OR EXAMINATION

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

## PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. ☐ Military ☐ Military Spouse ☐ Not Military ☐ Decline to Answer  
Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- |  |   |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.   | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.               |
| <input type="checkbox"/> Other: _____  |   |

## PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE		2. TITLE (e.g., M.D., D.D.S., etc.)		3. UNITED STATES SOCIAL SECURITY NO. ____-____-____	
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE		COUNTY	
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE		COUNTY	
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)				7. MOTHER'S MAIDEN NAME	
8. PLACE OF BIRTH CITY STATE/COUNTRY		9. DATE OF BIRTH ____/____/____ Month Day Year		10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male	
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) ____-____-____ Home: (____) ____-____-____ (Area Code) (Area Code) Fax: (____) ____-____-____ Fax: (____) ____-____-____ (Area Code) (Area Code)				12. <b>REQUIRED</b> E-MAIL ADDRESS	

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12

Graduated

High School?

☐ Yes ☐ No

Received

OR G.E.D.?

☐ Yes ☐ No2. NAME OF LAST PRELIMINARY SCHOOL  
ATTENDED3. LAST PRELIMINARY SCHOOL LOCATION  
(City and State)

4. DATE OF GRADUATION

\_\_\_\_ / \_\_\_\_  
Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8

Graduated?

☐ Yes ☐ No6. COLLEGE OR UNIVERSITY NAME  
(Undergraduate and Graduate)LOCATION  
(City and State or Country)

DATES OF ATTENDANCE

FROM

TO

TYPE OF  
DEGREE EARNED

Month/Year

Month/Year

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME

LOCATION  
(City and State or Country)

DATES OF ATTENDANCE

FROM

TO

Did You Complete  
Training?

Month/Year

Month/Year

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

NAME (Last, First, MI):

SS#:

Profession:

**PART IV: Record of Licensure Information**

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the **INSTRUCTION SHEET** enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

**PART V: Record of Examination**

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. **EACH EXAMINATION ATTEMPT MUST BE SHOWN.** Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

**PART VI: Personal History Information (This part must be completed by all applicants)**

YES NO

1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*

**PART VII: Examination Coding Information (This part is for examination applicants only)**

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

- a) CHART II - Select examination(s) you desire
- 
- and enter Test Codes







- b) CHART III - Select the examination site you desire and enter Test Center Code:

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- c) CHART IV - Find your School of Graduation and enter school code:

--	--	--	--	--	--	--	--	--	--

- d) Record the number of times you have taken this exam in Illinois or any other state:

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**PART VIII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?  
(NOTE: If you are not subject to a child support order, answer "no.")Yes ☐ No ☐

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

Yes ☐ No ☐**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

# ED-MT

**APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SOCIAL SECURITY NUMBER ____-____-____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  _____ Profession Name      _____ Profession Code	
6. MAIDEN OR GIVEN SURNAME		
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION ____/____/____ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**SCHOOL OFFICIAL: Complete the bottom portion of this page and return directly to the applicant.**

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
C. APPLICANT WAS (CHECK ONE):  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op	D. DATES OF ATTENDANCE  From ____/____/____ To ____/____/____ Month Day Year      Month Day Year
E. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE  <input type="checkbox"/> Applicant has completed program on ____/____/____ Month Day Year <input type="checkbox"/> Applicant will complete program on ____/____/____ Month Day Year	
F. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:    	
G. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.          	

H. APPROVED MESSAGE THERAPY PROGRAM

A minimum of 600 clock hours of supervised classroom and supervised hands-on instruction were completed in the following subject matter and activities:

<u>Subjects</u>	<u>Hours</u>	<u>Subjects</u>	<u>Hours</u>
Human anatomy .....	_____	Benefits.....	_____
Physiology .....	_____	Universal Precautions.....	_____
Pathology.....	_____	Body Mechanics .....	_____
Kinesiology .....	_____	History .....	_____
Massage therapy theory.....	_____	Client Data Collections .....	_____
Technique and practice.....	_____	Documentation .....	_____
(which may include but is not limited to: effleurage/gliding; petrissage/kneading; compression; friction tapotement/percussion; vibration; direct pressure; superficial warming techniques; pumping; stretching; jostling; shaking; rocking)		Business and Legalities of Massage .....	_____
Contraindications.....	_____	Professional Standards .....	_____
		(including draping and modesty)	
		Therapeutic Relationships and .....	_____
		Communication	

I certify that the information recorded herein is true and correct according to the official records of this institution.

\_\_\_\_\_

Print Name of School Official

\_\_\_\_\_

Signature of School Official

\_\_\_\_\_

Title

\_\_\_\_\_

Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE:** If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature of Notary Public

ATTENTION APPLICANT--Return this form directly to:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
ATTN: DIVISION OF PROFESSIONAL REGULATION  
320 WEST WASHINGTON STREET, L&T1  
SPRINGFIELD, ILLINOIS 62786

NAME (Last, First, MI):

SS#:

Profession: MESSAGE THERAPIST

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

# CT

**APPLICANT:** Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code ( ____ ) ____ - ____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize \_\_\_\_\_ to furnish to the Illinois Department of  
Name of Licensing Agency or Board  
Financial and Professional Regulation or its designated testing service, the information requested below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RETURN COMPLETED FORM TO APPLICANT

**LICENSING AGENCY:** The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

#### PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant ☐ has written ☐ is scheduled to write the following examination:

\_\_\_\_\_  
Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination \_\_\_\_\_ number of times.

#### PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	Type of Examination Score Written _____ Practical _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period ____ days ____ hours

**PART III - CERTIFICATION OF EXAMINATION SCORES**A1. National or other Profession Specific Examination  
(Record all available information)

Date of Examination \_\_\_\_\_

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.	SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

**PART IV - FORMAL ACTIONS**A. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ NoB. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.) ☐ Yes ☐ No**PART V - RECIPROCAL REGISTRATION**This state ☐ does ☐ does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L

_____
Print Name
_____
Title
_____
Agency/Board Street Address
_____
City, State, ZIP Code

_____
Signature
_____
Date
Area Code ( )
_____
Telephone Number

**Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.****Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**



IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 20/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

# VE-MT

**APPLICANT:** Complete the applicant section of this form, then forward it to your employer. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. JOB TITLE OR POSITION APPLICANT HELD	
8. DATES OF EMPLOYMENT  From ____ / ____ / ____ to ____ / ____ / ____	9. SUPERVISOR NAME	

**SUPERVISOR:** Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.

### PART I. - MESSAGE THERAPIST SUPERVISION INFORMATION

A. IMMEDIATE/DIRECT SUPERVISOR'S NAME		B. BUSINESS/INSTITUTION NAME
C. REGISTRATION/LICENSE #	D. REGISTRATION/LICENSE STATE	E. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE
F. BUSINESS TELEPHONE NUMBER Area Code ( ____ ) ____ - ____		

### PART II. - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT'S JOB TITLE AT TIME OF EMPLOYMENT/ EXPERIENCE	B. DATES OF APPLICANT'S EMPLOYMENT/EXPERIENCE  From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
C. NUMBER OF HOURS APPLICANT WORKED PER WEEK	D. BRIEF DESCRIPTION OF DUTIES PERFORMED BY APPLICANT

I do hereby declare that this information is true and correct.

\_\_\_\_\_  
*Signature of Employer/Supervisor*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

# IMPORTANT NOTICE

## CRIMINAL BACKGROUND CHECK INFORMATION

Individuals applying for licensure for professions that require fingerprints must submit to a criminal background check and provide evidence of fingerprint processing from a fingerprint vendor licensed by the Department. **Fingerprints must be taken within 60 days from the date that the application is submitted to the Department or the Department's testing vendor.**

- Applicants may contact a licensed fingerprint vendor to schedule an appointment for fingerprinting by going to <https://www.idfpr.illinois.gov/LicenseLookUp/fingerprintlist.asp>. The Illinois State Police will transmit electronic results of fingerprint processing to the Department. A receipt issued by a licensed fingerprint vendor agency must be submitted with the application fee. The receipt shall be issued by the fingerprint vendor at the time the fingerprints are obtained.
- Out-of-State applicants who are unable to schedule an appointment for fingerprinting through a licensed fingerprint vendor need to complete the following steps:
  - Obtain one (1) Illinois State Police (ISP) Fee Applicant Card for processing. Applicants may contact the Department at 1-800-560-6420 or send an email request on your profession page of the Department website at [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov). The ISP will transmit electronic results of the fingerprint processing to the Department.
  - Complete Section 1 of the **Identity Verification Certifying Statement** form.
  - The Fee Applicant Card shall be taken to a police department in **another state** to obtain classifiable prints.
  - Section 2 of the **Identity Verification Certifying Statement** shall be completed and signed by the police department.
  - Go to [www.idfpr.illinois.gov](http://www.idfpr.illinois.gov) to select a licensed fingerprint vendor that has "Card Scan" capability. Contact the vendor to determine the fee for a "Card Scan".
  - Mail the original **Identity Verification Certifying Statement** (with Sections 1 and 2 completed), Fee Applicant card and fingerprint fee to the licensed fingerprint vendor selected from the Division of Professional Regulation website.
  - Mail the completed application, licensing fee and a copy of the **Identity Verification Certifying Statement** (with Sections 1 and 2 completed) to the Division of Professional Regulation.

## PRIVACY STATEMENT

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et. seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

# FP-MT

**APPLICANT:** *This form must be completed by out-of-state residents unable to utilize the livescan process for fingerprinting in the State of Illinois. Attach this certifying statement with the four-page Application for Licensure and/or Examination as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH

3. SOCIAL SECURITY NUMBER

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

6. MAIDEN OR GIVEN SURNAME

**Massage Therapist 227**

## CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, \_\_\_\_\_, have submitted the required fingerprints pursuant to the Massage Licensing Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_